

HAND Down Payment and Closing Cost Assistance Program



Showers City Hall, Room 130
401 N. Morton Street, P.O. Box 100
Bloomington, IN 47402
Phone: (812) 349-3401

Down-payment and closing costs application
*Maximum Fund Request is \$5000

Checklist

- ☐ Completed application, signature(s), and dated
- ☐ Copy of Offer to Purchase Property
- ☐ Authority to Verify Credit Information signature(s), social security number, and dated
- ☐ Verification of Employment for each applicant, signature(s), social security number, Part I and Part II
- ☐ Verification of Deposits, signature(s), social security number, Part I and Part II
- ☐ Tax forms from past year, both Federal and State taxes, with all attachments
- ☐ Last two check stubs for each applicant
- ☐ Home Buyer Education Certificate
- ☐ Copy of terms of loan from lender
- ☐ Most recent bank statement from all bank accounts

Application Date: _____

Applicant's Name: _____

Spouse's Name: _____

Current address: _____

How long at this address: _____

If less than three (3) years, previous address: _____

Telephone: (H) _____ (W) _____

Name and address of employer: _____

No. of years employed at this job: _____

If less than one (1) year, previous employer: _____

Spouse's name and address of employer: _____

No. of years employed at this job: _____

If less than one (1) year, previous employer: _____

Have you owned a home in the last three (3) years? _____

If so, when? _____

Property Information:

Property address: _____

Purchase Price: _____

Realtor Name: _____

No. of Bedrooms: _____

1st mortgage holder: _____

Amount _____

Household Composition: (Please list all residents of your home)

Full Name	Relationship	Age	Race	Social Security #
	Applicant			
	Co-Applicant			

Monthly Income:

Source	Applicant	Co-Applicant	Other members over 18	Total
Gross Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Social Security				
Pensions/Retirement				
Alimony/Child Support				
Other (list source)				
Other (list source)				
Total				

Assets:

Type	Cash Value	Income from Assets	Bank Name	Account #
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Credit Union Account				
Stocks/IRA				
U.S. Savings Bonds				
Other (list source)				

Liabilities:

Please list outstanding obligations including auto loans, credit cards, charge accounts, personal loans, and all other debts.

Creditor Name & Address	Type	Monthly payment	Unpaid balance
	Monthly child support		
Total			

Housing Information:

Current monthly rent payment \$ _____

Does this include utilities? Yes No

If so, which ones: _____

Request amount:

Down-payment assistance requested \$ _____

Closing cost assistance \$ _____

Total request \$ _____

Is any other assistance/subsidy being requested or have you received any other assistance/subsidy? yes no

If yes: From whom have you received or requested the funds from and the amount.

The information provided is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Applicant

Date

Authority to Verify Credit Information

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant

Date

Social Security Number

Co-Applicant

Date

Social Security Number

Verification of Employment

The applicant identified below has applied for loan through the Housing and Neighborhood Development Department, City of Bloomington. The individual has authorized your release of the required information. The information you provide will be used only for the purposes of determining eligibility for the loan. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Marilyn Patterson, Program Manager at 812-349-3577. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant _____

Address of Applicant _____

Part II. Employer Information (To be completed by applicant)

Name of Employer _____

Address of Employer _____

Part III. Employment Information (To be completed by employer)

1. Date of Employment: _____ Position/Occupation: _____

2. Date of Termination (if applicable): _____

3. Current Rate of Regular Pay \$_____ per _____ (hour, week, month, year, etc.)

4. Current Rate of Overtime Pay \$_____ per _____ (hour, week, month, year, etc.)

5. Do you anticipate any change in the employee rate of pay in the near future?

☐ Yes ☐ No. If yes: Revised Rate _____ Effective Date _____

6. Number of hours/weeks employee normally works _____

7. Do you anticipate any change in the number of hours the employee works: ☐ Yes ☐ No
If yes, explain under #14 below.

8. Anticipated average amount of overtime/week _____

9. Gross **annual** earnings you anticipate for this employee for the next twelve months.
(Gross amount including all tips, bonuses, overtime, commissions) \$_____

10. Does this employee receive vacation with pay? ☐ Yes ☐ No

11. Does this employee receive sick leave pay? ☐ Yes ☐ No

12. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____

13. Does this employee receive an earned income tax credit? ☐ Yes ☐ No

14. Additional Comments: _____

Completed by: Name: _____
Title: _____
Signature: _____
Date: _____
Tele. No.: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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Address of Applicant _____

Part II. Employer Information (To be completed by applicant)

Name of Employer _____

Address of Employer _____

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☐ Yes ☐ No. If yes: Revised Rate _____ Effective Date _____

14. Number of hours/weeks employee normally works _____

15. Do you anticipate any change in the number of hours the employee works: ☐ Yes ☐ No

If yes, explain under #14 below.

16. Anticipated average amount of overtime/week _____

17. Gross **annual** earnings you anticipate for this employee for the next twelve months.

(Gross amount including all tips, bonuses, overtime, commissions) \$_____

10. Does this employee receive vacation with pay? ☐ Yes ☐ No

11. Does this employee receive sick leave pay? ☐ Yes ☐ No

13. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____

13. Does this employee receive an earned income tax credit? ☐ Yes ☐ No

15. Additional Comments: _____

Completed by: Name: _____

Title: _____

Signature: _____

Date: _____

Tele. No.: _____

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Verification of Deposits

The applicant identified below has applied for a loan with the Housing and Neighborhood Development Department, City of Bloomington. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Marilyn Patterson, Program Manager at 812-349-3577. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____ SSN: _____

Address of Applicant: _____

Part II. Bank Information (To be completed by applicant)

Name of Bank: _____

Address of Bank: _____

Part III. Deposit Information (To be completed by institution)

Checking Account

Account Number(s)	Average 6-Month Balance (\$)
	\$
	\$

Is this an interest bearing account? ☐ Yes ☐ No

If yes, annual interest rate _____%

Savings Account

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Certificate of Deposit

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Trust

Value of Trust Fund Administered: \$ _____

Anticipated Amount of Income to be Earned by Trust over next 12 Months: \$ _____

Completed by: Name: _____
Title: _____
Signature: _____
Date: _____
Tele. No.: _____

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Verification of Deposits

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SSN: _____

Address of Applicant: _____

Part II. Bank Information (To be completed by applicant)

Name of Bank: _____

Address of Bank: _____

Part III. Deposit Information (To be completed by institution)

Checking Account

Account Number(s)	Average 6-Month Balance (\$)
	\$
	\$

Is this an interest bearing account? ☐ Yes ☐ No

If yes, annual interest rate _____%

Savings Account

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Certificate of Deposit

Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

Trust

Value of Trust Fund Administered: \$ _____

Anticipated Amount of Income to be Earned by Trust over next 12 Months: \$ _____

Completed by: Name: _____
Title: _____
Signature: _____
Date: _____
Tele. No.: _____

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Verification of Public Assistance

The applicant identified below has applied for a loan through the Housing and Neighborhood Development Department, City of Bloomington. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for this loan. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact Marilyn Patterson, Program Manager at 812-349-3577. Thank you.

Part I. Applicant Information (To be completed by applicant)

Name of Applicant: _____

SSN: _____

Address of Applicant: _____

Part II. Agency Information (To be completed by applicant)

Name of Source: _____

Address of Source: _____

Part III. Public Assistance Information (To be completed by Agency)

Client Name: _____ Client No.: _____

Monthly Payments from this Agency:

AFDC \$ _____

General Assistance \$ _____

Other (Specify) _____ \$ _____

_____ \$ _____

Total Amount Received Monthly: \$ _____

Start Date: _____

Closing Date: _____

Do you expect any change in payments in the near future? ☐ Yes ☐ No

If yes, please explain.

Additional Comments: (e.g., any special situations, etc.)

Completed by: Name: _____
Title: _____
Signature: _____
Date: _____
Tele. No.: _____

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